

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078909

Corporation Name

PANAMA POOLS OF NORTHWEST FLORIDA, INC.

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90020 036 ***550.00



Principal Place of Business Mailing Address
21 POWELL ADAMS STREET 291 POWELL ADAMS STREET
PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/02/1998	
City & State		City & State		4. FEI Number	
Zip		Zip		593530066	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		29		8. This corporation owes the current year	
30		31		Intangible Personal Property.	
32		33		Yes No	

9. Name and Address of Current Registered Agent

GAY, MICHAEL
364 MOONLIGHT BAY DR
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name GAY, Stephen M
82 Street Address (P.O. Box Number is Not Acceptable) 364 moonlight Bay Dr
83
84 City Panama City Beach FL 85 Zip Code 32407

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

GNATURE Stephen M Gay 7/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. TITLE	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
5. NAME	6. TITLE	2.1 TITLE	2.2 NAME
7. STREET ADDRESS	8. CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
9. NAME	10. TITLE	3.1 TITLE	3.2 NAME
11. STREET ADDRESS	12. CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
13. NAME	14. TITLE	4.1 TITLE	4.2 NAME
15. STREET ADDRESS	16. CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
17. NAME	18. TITLE	5.1 TITLE	5.2 NAME
19. STREET ADDRESS	20. CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
21. NAME	22. TITLE	6.1 TITLE	6.2 NAME
23. STREET ADDRESS	24. CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

IGNATURE: SIGNATURE REQUIRED

CR2E034 (5/99)